



**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parent-Teacher Meeting Feedback Form 2020-21**

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	
Name of the Student	
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	
Occupation	
Email	
Phone	
Faculty Name	

**1. Views on Organizing the Parent Teachers meeting**

Excellent		Very good		Good		Not Required	
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**2. Academic progress of your ward**

Excellent		Very good		Average		Need Improvement	
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**3. What do you feel about the teaching standard and the teacher's approach towards the student**

Excellent		Very good		Good		Need Improvement	
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**4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:**

**5. Any other suggestions/feedback:**

**Parents Signature:**



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23<sup>rd</sup> Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Srinivas
Name of the Student	Anujashree
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	The Oxford girls hostel, Hosur Road, Bommanahalli.
Occupation	Goldsmith
Email	anujashrinivas256@gmail.com.
Phone	6363359905
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Projectors and classroom availability.

5. Any other suggestions/feedback:

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PRAKASH.M.
Name of the Student	NANDITHA.PRAKASH.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Rudrushwara Wilaya, #34/1, 4th main, 4th cross, A.D.Halli B
Occupation	Private company employee
Email	ambiksn@gmail.com
Phone	9980914852
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
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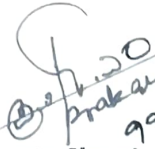
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: -

5. Any other suggestions/feedback:

Suggesting to give opportunity for co-curricular activities.

  
Prakash M.  
9980914852  
Parents Signature:



**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parent-Teacher Meeting Feedback Form 2020-21**

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SHAIK BARKATHULLA
Name of the Student	AYESHA FATHIMA B
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#31, 4th cross Syed block opp to Rigwan Masjid - HAL
Occupation	Business.
Email	parvcentaj2351@gmail.com
Phone	9742398564 / 8310670853
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parveen  
Parents Signature:



**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parent-Teacher Meeting Feedback Form 2020-21**

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BOHRARAM
Name of the Student	PRIVANKA CHOUDHARY
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No.11, 10/4, Goutham Nivas, T-1-I Layout, Bommanahalli, Bangalore-68
Occupation	BUSINESSMAN
Email	bohraramhp3099@gmail.com
Phone	9448081534
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Thomas kurian
Name of the Student	Helan Thomas
Year of the Student	✓ BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	✓ Regular Batch / Odd Batch
Address	Nadackal (H) Kueichithanam, Kottayam, Kerala
Occupation	Dentist
Email	helanless11@gmail.com
Phone	9544155187
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BINU VARUHESE M
Name of the Student	SANDHRA BINU
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	MUKALATH HOUSE
Occupation	ENGINEER
Email	binuvarghesemkma@gmail.com
Phone	9447509273
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/8/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Wilson C.R.
Name of the Student	Parvathi Wilson.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Chesigampalarkel (H), Koorali P.O., Elamkulam, Kottayam, Kerala.
Occupation	Farmer.
Email	Parvathi702@gmail.com.
Phone	8089918282
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Shrikumar Mahamuni
Name of the Student	Swarada Mahamuni
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch/ Odd Batch
Address	Vignahasta, Harikrupanagar, Baramati, Pune-413102
Occupation	Professor
Email	dsvmahamuni@gmail.com
Phone	9822756250
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

*Shrikumar Mahamuni*

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Rajkumar Amudala
Name of the Student	Rishiya R. Amudala
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Aangan Residency, V.I.P. Road, Surat, Gujarat-395007
Occupation	Principal
Email	svpssurat@gmail.com
Phone	9512177795
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent	<input checked="" type="checkbox"/>	Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

*Rajkumar*

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Gopal - M
Name of the Student	Keerthi B.G
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Chandranivas, 13 <sup>th</sup> Main Road, Sadashivnagar, Bangalore -80
Occupation	Businessman
Email	gopalm118@gmail.com
Phone	6363819609
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

*Keerthi*  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Dilip Kumar Dhar
Name of the Student	Dishan Dhar
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Beltola, Guwahati-28
Occupation	Govt. servant
Email	dilipdharbk3@rediff.com
Phone	9864152704
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-21

Dear Sir/Madam,

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Name of the Parent	SHYJA K.V
Name of the Student	SIDHARTH RAJ P.T
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / <del>Odd Batch</del>
Address	KIZHAKKEVEEDU, PALLIKOVAL, KARIVELLUR, KERALA, 670521
Occupation	HOUSEWIFE
Email	Sidharth700@gmail.com
Phone	9744296752
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
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2. Academic progress of your ward

Excellent	✓	Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

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Name of the Parent	JOSEPH EDWARD
Name of the Student	CHRIS JOSEPH
Year of the Student	<del>I BDS/II BDS/III BDS/IV BDS/Internship</del> I BDS
Batch	Regular Batch / <del>Odd Batch</del>
Address	Madhanavada, Near NH Bypass Toll, Kuratpuzha, Kollam
Occupation	Doctor
Email	chrisjoseph 4142@gmail.com
Phone	7025770990
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:





**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parent-Teacher Meeting Feedback Form 2020-21**

Date: 23-08-2021

Dear Sir/Madam,

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Name of the Parent	C. E. kya Perumal
Name of the Student	Mahalakshmi E
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Muneshwara Nagar
Occupation	Business
Email	mahalakshmi2010@gmail.com
Phone	938330500
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

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Name of the Parent	Anupama N. Nanjiah
Name of the Student	Anupama N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Citi Badavane, H.P. Kote, Mysore
Occupation	Teacher
Email	- anupama2002n@gmail.com
Phone	8702171153
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



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**Bommanahalli, Bengaluru -68**

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Date:

Dear Sir/Madam,

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Name of the Parent	Rajappa
Name of the Student	Akshatha
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Sirsi(A) Bidan
Occupation	
Email	Akshatha.kusuma8@gmail.com
Phone	9591048796 /
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Abbas K.B
Name of the Student	Shahana Abbas
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Shahana Mahal K.K. Puram Mogral
Occupation	Central govt employee
Email	shahanaabbas430@gmail.com
Phone	7306179074
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Handworks

5. Any other suggestions/feedback:

Parents Signature:





The Oxford Dental College and Hospital

Bornmanahalli, Bengaluru -68

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Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	S. Rama Devi
Name of the Student	Sri V. Lakshmi Chaitra
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No 444, Sheemanki lotus, 6 <sup>th</sup> main, 8 <sup>th</sup> cross BTM-II
Occupation	Service
Email	Suggalachaitra0402@gmail.com
Phone	7892103548
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
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2. Academic progress of your ward

Excellent	<input checked="" type="checkbox"/>	Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	<input checked="" type="checkbox"/>
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: My ward needs no improvement

5. Any other suggestions/feedback: No!

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SURESH S
Name of the Student	SANJANA SURESH
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	SURESH BHAVAN, KALANJOOR PO PATHANAMTHITTA (DIST) KERALA
Occupation	EX-SERVICEMEN
Email	sanjanasuresh1406@gmail.com
Phone	6228056752
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	<input checked="" type="checkbox"/>
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: PRACTICAL AREA

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SHASHIKANT MADDE
Name of the Student	SUSHMA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	8-4-11 Brahman Street - Aland 585302
Occupation	Business man
Email	maddesushma15@gmail.com
Phone	8548834527, 8951596316
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MARIA ARUL
Name of the Student	TANIA SIBIL ARUL
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	G2, SARALA BIRLA ACADEMY, BANNEGHATTA
Occupation	ADMISTRATION
Email	tania2000arul123@gmail.com
Phone	9741633724
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

*Maria*  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 24.02.2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	N.K. SANTOSH
Name of the Student	SANYA SANTOSH
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	VIVEKANAND NAGAR, BOMMANAHALLI
Occupation	HR
Email	sanyasantosh13@gmail.com
Phone	9536220087
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23<sup>rd</sup> Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RAJU VARGHESE
Name of the Student	TESNA RAJU
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	KERALA
Occupation	
Email	tesnaraju781@gmail.com
Phone	9756819614
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
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2. Academic progress of your ward


Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature: 



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23<sup>rd</sup> Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	B. VINOD JAIN
Name of the Student	LISHIKA JAIN V
Year of the Student	4 <sup>th</sup> BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Koromangala 8th Block Bangalore
Occupation	
Email	Lishikajain2808@gmail.com
Phone	6362709920
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

~~Need better teachers~~

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23<sup>rd</sup> Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Purushotham T.D
Name of the Student	Bhavana .P
Year of the Student	JBDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Malagala, Nagabkavi, Bengaluru - 91
Occupation	
Email	bhavana298@gmail.com
Phone	9742295544
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23<sup>rd</sup> Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BIRPAL SINGH
Name of the Student	POOJA BUTOLA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	377, 7 <sup>th</sup> Main Vileknagar - H. 7
Occupation	
Email	pbutola83@gmail.com
Phone	7818960395
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23<sup>rd</sup> Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Satyendra Kumar Singh
Name of the Student	KRITIKA SINGH
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	<del>145</del> Bommanahalli
Occupation	
Email	jinikritika@gmail.com
Phone	6361225237
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23 08-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Mohammad Khaleel
Name of the Student	Mansha Fathima
Year of the Student	✓ BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	✓ Regular Batch / Odd Batch
Address	N.R. Extension, Chintamani
Occupation	Business Man
Email	manshafathimakhaleel@gmail.com
Phone	8453784456
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good ✓		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good ✓		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent ✓		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

*Mohammad Khaleel*  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	STALIN RAJA K
Name of the Student	SHUBHA SHREE S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#24/25, 7th CROSS, KRISHNA TEMPLE ROAD, DB SANDRA. Blore-97
Occupation	BHEL
Email	stalinmsd@gmail.com
Phone	9972722226
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: —

5. Any other suggestions/feedback: —

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	AYNEENDRA B
Name of the Student	DIYA NANDANA S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	S1, Prabhavati, Meghana Towers, Hongasandra, Bangalore - 68
Occupation	Professor
Email	ayneendra@gmail.com
Phone	9945636328
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	✓	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Extra curricular activities

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-08-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	G. Nageemunnisa Begum
Name of the Student	Musrath Taj
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	50, 9 <sup>th</sup> Main Maruthi Layout 3 <sup>rd</sup> 2 <sup>nd</sup> stage Bangalore 560029
Occupation	Home Maker
Email	MusrathTaj09@gmail.com
Phone	7844055786
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

by Nageem  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-8-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Muni Reddy B
Name of the Student	Rakshitha Reddy M
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No 90-1-29/1 'Sree Sathabairavehwar Nilaya' 6 <sup>th</sup> cross Vittalnagar Bangalore -26
Occupation	Manager
Email	muniireddy675@gmail.com
Phone	9845390777
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward


Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	C Narayanaswamy.
Name of the Student	Nisarga Yadav BN
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship I BDS
Batch	Regular Batch / Odd Batch Regular Batch.
Address	Oxford Girls hostel, Bommanahalli, Hosur Road, 560068.
Occupation	Agriculture.
Email	yadavnisarga2003@gmail.com.
Phone	8792692665.
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Projector and Classroom facility.

5. Any other suggestions/feedback: —

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Ramesh Raju P
Name of the Student	Adisha Teja P.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship I BDS
Batch	Regular Batch / Odd Batch Regular Batch
Address	Oxford girls hostel, Bommanahalli, Hosur road - 560068.
Occupation	Business.
Email	manasavarnap@gmail.com
Phone	702223288
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Projector and Classroom facility

5. Any other suggestions/feedback: —

*Ramesh*

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23-August-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ATTILI S N MURTY RASU
Name of the Student	SHRUTI ANANYA ATTILI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#57, BAZAR STREET, VANNARPET LAYOUT, VIVEKNAGAR POST, BANGALORE-47.
Occupation	EX - Serviceman
Email	ananyaattili@gmail.com
Phone	9142685380
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
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2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Projector & Classroom availability.

5. Any other suggestions/feedback: -

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/8/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. Mallikarjunareddy.
Name of the Student	M. Satwik
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	The Oxford Girls Hostel, Hosur Road, Bommanahalli
Occupation	Doctor
Email	msatwik9@gmail.com
Phone	8019802033
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: Classroom availability.

5. Any other suggestions/feedback: NO

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BUTRA ANJNEYULU
Name of the Student	BUTRA SAMYUKTHA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Oxford Girls Hostel, Bommanahalli, Housur Road, 560068
Occupation	Govt. Employee
Email	samyuktha.butra@gmail.com
Phone	8978152282
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
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2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: projector and classroom facility

5. Any other suggestions/feedback:

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MANOJ KUMAR DALAI
Name of the Student	ISHANI M DALAI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	S.P. Nagar 9TH PHASE, B'LORE - 52
Occupation	Podiatrist & Orthodontist
Email	manojdala@gmail.com
Phone	9379408613
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	D. SREENIVAS RAO
Name of the Student	D. LAKSHMI PRIYA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	D. Sreenivas Rao, D.NO- 67/125, Golasahalli, Near Hulgimantemple, Bellary
Occupation	Tailor
Email	SVCbly12@gmail.com
Phone	9243236889
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: classroom facility

5. Any other suggestions/feedback: -

Sunanda  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 23/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RAVI.V
Name of the Student	SHRAVANI.R
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	OXFORD GIRLS HOSTEL, BOMMANAHALLI
Occupation	FARMER
Email	WIKI.SHRAVANI5162@gmail.com
Phone	6362907085
Faculty Name	✓

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: classroom availability.

5. Any other suggestions/feedback: —

  
Parents Signature:



**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parent-Teacher Meeting Feedback Form 2020-21**

Date: 23<sup>rd</sup> Aug 2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	M. Dineesh
Name of the Student	D.C ADHIRA
Year of the Student	BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Jogupalaya Malasree
Occupation	
Email	adhiradc2002@gmail.com
Phone	88670 43186
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SANKAR MAITY.
Name of the Student	LAXMIPRIYA MAITY.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship II BDS
Batch	Regular Batch / Odd Batch Regular Batch
Address	
Occupation	Business
Email	djama1608@gmail.com
Phone	9836627579
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

*Sankar Maity.*

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	B Ishwar Sharma
Name of the Student	Risha Sharma
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 289, Defence colony, Indiranagar, Bengaluru-3
Occupation	
Email	sharmadisha360@gmail.com
Phone	9449396037
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ASMA TABEEN KR
Name of the Student	RUBAIYYA TALATH KHANZI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	TP Nagar 5th Phase, Basatki Bore, B'lore - 560078
Occupation	Housewife
Email	regaiyyakhanzi@gmail.com
Phone	9035686076
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	✓	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Facing difficulty with medical subjects

5. Any other suggestions/feedback:

Arrangement of transport to medical subject  
more clinical exposure in surgery

Asma Tabeen KR  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2020-21**

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Mchaya Ramesh
Name of the Student	Rashana Ramesh
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	S.R Nagar Bangalore
Occupation	Homemaker
Email	mchayaramesh@gmail.com
Phone	9440317782
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
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2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	✓
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

M. Chaya Ramesh  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	VINCENT ANTHONY
Name of the Student	PANIKARAN ROSHAN VINCENT
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	B-22, Milan Park, PRT Colony, Dombivli
Occupation	Service
Email	hdo.vincent@gmail.com
Phone	7045860613
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	<input checked="" type="checkbox"/>
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	JERALD VEIGAS
Name of the Student	JESWIN M.T. VEIGAS
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	CHURCH VIEW KUPPEPADUVU
Occupation	PRIVATE
Email	geraldveigas@gmail.com
Phone	9900391526
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	BABU L A
Name of the Student	NEEHA LAKPOTI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	H.No 320/6, 6th cross, Venkatapura, Koramangala, 1 <sup>st</sup> Block, Bengaluru
Occupation	Software Engineer
Email	babu.lakpoti@gmail.com
Phone	9845161158
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Rekha P.K
Name of the Student	Prashanth
Year of the Student	I BDS/ II BDS/ <del>III BDS</del> / IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Durgamba house, Bairamane village, Bellur road: 19
Occupation	Teacher
Email	re.kha.prasanna.10@gmail.com
Phone	9481 306 361
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:





**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parent-Teacher Meeting Feedback Form 2020-21**

Date: 25/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	AKOTI JONGKEY
Name of the Student	LIRIK JONGKEY
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	2 MILE, PASIGHAT, ARUNACHAL PRADESH
Occupation	BUSINESSWOMAN
Email	achijongkey68@gmail.com
Phone	8857011006
Faculty Name	

**1. Views on Organizing the Parent Teachers meeting**

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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**2. Academic progress of your ward**

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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**3. What do you feel about the teaching standard and the teacher's approach towards the student**

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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**4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:**

**5. Any other suggestions/feedback:**

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Maria Prakash J
Name of the Student	Christina M
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	G-2-West, Phase II, Kaiya township, Karnataka - 581400
Occupation	Employee at NPCIL, Kaiya generating station
Email	maria.prakash.j@gmail.com
Phone	9448817985
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
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2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Maria Prakash

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SIVIKANA KHATUN
Name of the Student	MOHAMMED SAYLED UR RAHMAN
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Bommanahalli - Jayanagar 1st Block B'lore - 11
Occupation	House wife
Email	
Phone	9538054130
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25-8-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K K RATAN
Name of the Student	ANAKHA PAJ
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	KURUMADANI HOUSE
Occupation	WORKING ABROAD, PHARMACEUT
Email	jiji14jan1974@gmail.com
Phone	9447992971
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/8/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K. NARAYANASWAMY
Name of the Student	CHANDANA N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#1456, Madurkar Reddy line, Vinayaka layout, Vardhni, Bangalore - 87
Occupation	Florist
Email	narayanaraswamy702@gmail.com
Phone	7411244407
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	APARNA P. SHETTY
Name of the Student	ATHMEETHA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	1-159 Maina house, Bantwal Tq, D.K, Karnataka
Occupation	House wife
Email	shettyaparna555@gmail.com
Phone	9591943024
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input checked="" type="checkbox"/>	Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

*Ashetty*

Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25 - 8 - 21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SRINIVAS MURTHY C.V
Name of the Student	BHAVANA S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	NEW BEL ROAD
Occupation	
Email	SrinivasMurthy1973@gmail.com
Phone	9620621011
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	✓	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25.8.21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Karan Mohanty
Name of the Student	Anvesha Mishra
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Bhubaneswar, Odisha
Occupation	Lecturer
Email	anvesha31@gmail.com
Phone	9861553725
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Muttanna M. Palled
Name of the Student	Aishwarya M. Palled
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	M.M.Palled Annadureshwar Nagar Kodikoppa Naxcgal Dist H Goidag
Occupation	Business man
Email	muttanrapalled@gmail.com
Phone	9448295789
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent	<input checked="" type="checkbox"/>	Very good	<input type="checkbox"/>	Good	<input type="checkbox"/>	Not Required	<input type="checkbox"/>
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2. Academic progress of your ward

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Average	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent	<input type="checkbox"/>	Very good	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Need Improvement	<input type="checkbox"/>
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:



The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 25-8-2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SRINIVAS T
Name of the Student	ARPITHA . S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	17, Sri Raja Nilaya, Rameswara Temple Street, Doddabommanahalli
Occupation	Software Engineer
Email	srinivas@tel.co.in
Phone	9845857485
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

*T. Srinivas*

Parents Signature:





PTM FEEDBACK

FORM 2020 <sup>2021</sup> ~~2020~~

IV<sup>th</sup> BDS

(REGULAR BATCH)





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	GURUNATH SUNKAD.
Name of the Student	VAISHNAVI GURUNATH SUNKAD.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	KESHAVA NAGAR, B. Bagewadi
Occupation	DOCTOR
Email	sunkadavun@gmail.com
Phone	9886185096
Faculty Name	Dr Asha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2020-21**

Date: 26/08/2021

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. UPENDRAN
Name of the Student	AMRUT
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	AMRUTHAM Kuppam (PO), Taliparamba, Kannur, Kerala
Occupation	BANK EMPLOYEE
Email	upendranngk@gnail.com
Phone	9632854633
Faculty Name	Dr. Deepa

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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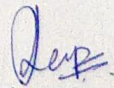
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Needs improvement in Prosthodontics

5. Any other suggestions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	NANJUNDAPPA . R . B
Name of the Student	CHANDANA . R . N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#737, 22ND MAIN 2ND PHASE JP NAGAR BANGALORE
Occupation	RETIRED ASSISTED DIRECTOR OF LAND RECORDS (SURVEY)
Email	nanjundappa . rb @ gmail . com
Phone	8095452538
Faculty Name	DR VINAYAK

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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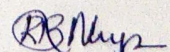
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Practical Exposure is very less . Need to Improve in it .

5. Any other suggestions/feedback:

  
Parents Signature:





**The Oxford Dental College and Hospital**

**Bommanahalli, Bengaluru -68**

**Parent-Teacher Meeting Feedback Form 2020-21**

Date: 26/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Moirangthem Shaili Kumar Singh
Name of the Student	Reena Chashi Moirangthem
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Vargaher Moirangthem Pukhri Mapal, Imphal
Occupation	Engineer
Email	mskpgd@gmail.com
Phone	9436477814
Faculty Name	Dr Ronald

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

needs to be more proactive.

5. Any other suggestions/feedback:

extra clinical courses to improve the skills in clinical

Msk Singh  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Mukut Chandra Baruah
Name of the Student	Kranami Baruah
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Makari, North Lakpimpur, Assam
Occupation	Retired Principal
Email	dr.mukut-chandra@rediffmail.com
Phone	9435387619
Faculty Name	Dr. Ravi Sinha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Needs improvement in every subjects

5. Any other suggestions/feedback:

Provide dental materials

Mukut  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26-8-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. Venkatarama
Name of the Student	P. Kiran
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Palamaner, Chittoor dist - AP 517408
Occupation	Business
Email	kiran81etters@gmail.com
Phone	9148152710
Faculty Name	Dr. Anitha mams

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

*P. Venkatarama*  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26-8-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	P. Suresh babu
Name of the Student	P. Lahari
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Badvel, Andhra Pradesh 516222
Occupation	Pharmacist
Email	lahari.pathi9@gmail.com
Phone	9966449123
Faculty Name	Antara mam

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Community

5. Any other suggestions/feedback:

need Camps.

P. Suresh babu  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26-08-21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	ABDUL ROZZAQ
Name of the Student	WAGGEN ARAM
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	B. Kothakota, Andhra pradesh
Occupation	Business man
Email	Waggenaram145@gmail.com
Phone	881881926
Faculty Name	Dr Samra

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	<input checked="" type="checkbox"/>
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Clinical side

5. Any other suggestions/feedback:

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 12/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Raina Raju Varghese
Name of the Student	Raina Raju
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Putimalayil (H), Chittoor Thodupuzha, Idukki, Kerala
Occupation	Businessman
Email	raju.varghese101@gmail.com
Phone	9495217614
Faculty Name	Dr. Deepa

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--


3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: more student teacher interaction

5. Any other suggestions/feedback:

College should provide more material to the students

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 21/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Chandrasekhar B.K
Name of the Student	Bhagawan
Year of the Student	I BDS/II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#B8, Harmony layout, Athbete.
Occupation	Business
Email	bhagawanreddy98@gmail.com
Phone	9643079968
Faculty Name	Dental

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/questions/feedback:

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Soman P.N
Name of the Student	Dnya Soman
Year of the Student	I BDS/II BDS/III BDS/IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Krishnabag, SDDV Road, Palluruthy
Occupation	Locopilot
Email	Somanpn725@gmail.com
Phone	9446036625
Faculty Name	Dental

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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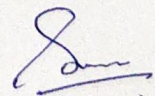
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

-She need to improve her practical knowledge and exposure.

5. Any other suggestions/questions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	PAUL T.C
Name of the Student	ANNIE THANGAM PAUL
Year of the Student	+BDS/II BDS/III BDS/IV BDS/Internship
Batch	Regular Batch / Odd Batch
Address	THUNDATHIL (H), NEAR KSRTC, PERUMBAVOOR, KERALA
Occupation	BUSINESS
Email	annie.paul.349@gmail.com
Phone	9886806752
Faculty Name	DENTAL

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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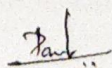
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

she has to improve her practical skills.

5. Any other suggestions/questions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/8/21.

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	V. ALLABAKSH
Name of the Student	V. Afrin
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Gowtham Towers ; KT Road Tirupathi
Occupation	Deputy superintendent of police.
Email	vallurufarin37@gmail.com.
Phone	9741875079
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature: \





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Aradhana Singh
Name of the Student	Shivani Singh
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Janeshapur, Jharkhand
Occupation	Housewife
Email	sinshivani5132@gmail.com
Phone	7483114379
Faculty Name	Dr. Vijay

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

practical marks should be given more to increase the aggregate percentage

5. Any other suggestions/feedback:

Aradhana Singh  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

**Parent-Teacher Meeting Feedback Form 2020-21**

Date: 28/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SAFIUWAN KHAN
Name of the Student	EMAN SAFI
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	B.T.M Layout, Bangalore.
Occupation Email	eman.safi94@gmail.com
Email Occupation	Engineer
Phone	9902274232
Faculty Name	Dr. Praveen

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 12/02/18

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	SOURABH SATYABAT V
Name of the Student	SHWETA
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Tanghruya heavens
Occupation	Indian Air force
Email	ss866188@gmail.com
Phone	7069752977
Faculty Name	Dr. Divya

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	<input checked="" type="checkbox"/>
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	<input checked="" type="checkbox"/>
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	<input checked="" type="checkbox"/>
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

*Sourabh*  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Ujjwala. Guwadatta
Name of the Student	Anvita. Guwadatta
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	No. 10, Atharva, BML layout, Gollahalli, Blr-62
Occupation	DOCTOR
Email	dr.ug1976@gmail.com
Phone	9740087624
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
-----------	--	-----------	-------------------------------------	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/questions/feedback:

Parents Signature: Ujjwala





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru - 68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	MANJUNATH. T.
Name of the Student	BHOO MIKA. T. M.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#38/3, Muniswara layout, Bommanahalli, Bangalore - 68.
Occupation	Retired Bank Employee
Email	manjunathatalad@gmail.com
Phone	9964598331
Faculty Name	Dr. Vinayak

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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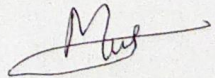
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Oral maxillofacial surgery, Public Health Dentistry,

5. Any other suggestions/questions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	K. Nayema Banu
Name of the Student	Laqiyah Tazym N.A
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 21, M.R. lane police road Bangalore
Occupation	
Email	nayemabanu10@gmail.com
Phone	7847884194
Faculty Name	Dr. Revathi

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
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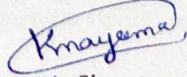
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Oral surgery, Periodontics, Community dentistry,

5. Any other suggestions/questions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Daniel S
Name of the Student	Ananya S
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	EWB-78, Housing board, Ballari
Occupation	Business
Email	Daniel.Sucapaneni@gmail.com
Phone	9448303767
Faculty Name	Dr. Swetha

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	<input checked="" type="checkbox"/>	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	<input checked="" type="checkbox"/>	Good		Need Improvement	
-----------	--	-----------	-------------------------------------	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Surgery clinicals

5. Any other suggestions/questions/feedback:

Daniel S  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RATAN CJ
Name of the Student	REJOICE RATAN
Year of the Student	1 BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	# 21, 5th cross, 1st stage, Chandraiah, Bengaluru
Occupation	Artist
Email	g.ratan@yahoo.com
Phone	9845571302, 9945092065
Faculty Name	Dr. Ashwini

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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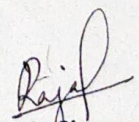
3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Rejoice has improve in skills in extraction and has improve in studying community subject.

5. Any other suggestions/questions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Chandee Reddy . R
Name of the Student	Tejashwini ✓
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Opp KEB Sarjapura Road Attibele Bengaluru
Occupation	Business
Email	Tejatejashwini034@gmail.com
Phone	6363788118
Faculty Name	Mohin

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	✓	Not Required	
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2. Academic progress of your ward

Excellent		Very good	✓	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	✓	Need Improvement	
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4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Prosthodontics, Community

5. Any other suggestions/questions/feedback:

Chandee Reddy  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	T. S. VANAJA
Name of the Student	AMOGH SARATHI.
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	#152 Itina Nagar, Tigani, Bangalore.
Occupation	House wife
Email	amogh.sarathi.99@gmail.com.
Phone	911066 2375
Faculty Name	Dr. Srinivas

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it: —

5. Any other suggestions/feedback:

Provide Extra bus for students to commute from the Dental Campus to medical college.

T.S. Vanaja

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/06/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	RAMAN VADIVELU
Name of the Student	ABHINAYA V
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	27/1 2 <sup>nd</sup> Cross 1 <sup>st</sup> main avulamma chatha, Magadi Road
Occupation	-
Email	abhinaya27jo@gmail.com
Phone	7353863408
Faculty Name	Dr. Vinayak

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Laksh  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Sreenivas Pendyala
Name of the Student	Rahul Pendyala
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	JA-104, Satepuram Greenage apt.
Occupation	Software engineer
Email	sreenivaspendyala@yahoo.com
Phone	9845585560
Faculty Name	Dr. Kusati

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Not Required	
-----------	--	-----------	--	------	-------------------------------------	--------------	--

2. Academic progress of your ward


Excellent		Very good		Average	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	---------	-------------------------------------	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good	<input checked="" type="checkbox"/>	Need Improvement	
-----------	--	-----------	--	------	-------------------------------------	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/questions/feedback:

  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	N. Elavarasan
Name of the Student	E. Geetha
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Tirupattur, Tamil nadu
Occupation	Teacher
Email	elavarasan1968@gmail.com
Phone	9345543953
Faculty Name	Dr. Srinivasan

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

N. Elavarasan  
Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	
Name of the Student	
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	
Occupation	
Email	
Phone	
Faculty Name	

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

5. Any other suggestions/feedback:

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date: 26/8/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Vijay Mahan
Name of the Student	Duma
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Section 3, H&K Layout
Occupation	Banking
Email	dumamahan@gmail.com
Phone	9620462020
Faculty Name	Dr. Babu Tyothi

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good	/	Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good	/	Average		Need Improvement	
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3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good	/	Good		Need Improvement	
-----------	--	-----------	---	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

Oral Medicine / X-ray radiography

5. Any other suggestions/feedback:

Nil

Parents Signature:





The Oxford Dental College and Hospital

Bommanahalli, Bengaluru -68

Parent-Teacher Meeting Feedback Form 2020-21

Date:

26/08/21

Dear Sir/Madam,

Thank you for your time at the parent-teacher meeting. Your input is essential to ensure the best learning experience for your ward. Please take a moment to provide us with feedback.

Name of the Parent	Nanjundappa T.N
Name of the Student	Bhavani T.N
Year of the Student	I BDS/ II BDS/ III BDS/ IV BDS/ Internship
Batch	Regular Batch / Odd Batch
Address	Near gulur circle Bagepalli
Occupation	teacher
Email	nanjundappa13@gmail.com
Phone	9081550696
Faculty Name	Dr. praveen

1. Views on Organizing the Parent Teachers meeting

Excellent		Very good		Good		Not Required	
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2. Academic progress of your ward

Excellent		Very good		Average		Need Improvement	
-----------	--	-----------	--	---------	--	------------------	--

3. What do you feel about the teaching standard and the teacher's approach towards the student

Excellent		Very good		Good		Need Improvement	
-----------	--	-----------	--	------	--	------------------	--

4. In which area your ward requires improvement and suggestions on how the college can help him/her to overcome it:

periodontia,

5. Any other suggestions/questions/feedback:

Parents Signature:



## THE OXFORD DENTAL COLLEGE

### FEEDBACK ANALYSIS REPORT

#### REGULAR BATCH (2020-2021)

DATE: 31/08/2021

Parents teachers meeting as per the schedule was held in the board room on 23/08/2021 to 26/08/2021 at 9am to 12pm for I year to IV year BDS regular batch.

Chair person- Dr. Shendre Shrikanth

The feedback forms were given to the parents and the below mentioned points were highlighted by the majority of the parents in the feedback forms, thereby a report is done based on the feedback forms

1. Parents want safer environment for their wards when they are working with the patients.
2. Parents want strict sanitation protocols in wake of the recent COVID outbreak .
3. Due to covid lockdown there has been a shortage of clinical experiences, parents wants their wards to have additional physical theory and practical classes.
4. Parents want for their wards aspecial classes to be conducted for improvement in communication skills to face viva.
5. Regular maintenance of classrooms, projected rooms , and washrooms.

**Signature Of Chairperson Of Parent Teacher Committee**

**Internal Assessment, Slow & Advance Learners, Mentor-  
Mentee & Parent Teacher Meeting Committee**

**Signature Of Dean & Director**

**Dean and Director  
The Oxford Dental College, Bommaru  
Hosur Road Bengaluru - 560 06**



# THE OXFORD DENTAL COLLEGE




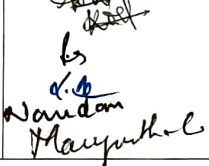
## ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 01/03/2021






### CIRCULAR





The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 02/03/2021 at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr.ShendreShrikanth

BATCH ( ODD)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 <sup>st</sup> BDS	Dr.Seena Dr. Seema	Medical Staff Dental Staff	
2 <sup>nd</sup> BDS	Dr. Reema Dr. Savitha PN	Medical Staff Dental Staff	
3 <sup>rd</sup> BDS	Dr. Vishnu Dr. Shruthi S	Medical Staff Dental Staff	
4 <sup>th</sup> BDS	Dr.Sowbhagya Lakshmi Dr.Shilpa I.G. Dr.Ashita Talwar Dr.Koel Debnath Dr.Ravi Ranjan Sinha Dr. Archana Dr.Nandan Rudra Paul Dr. Manjunath C.	Dental staff	

HOD's please acknowledge:

Dept. of Oral Medicine-   
Dept. of Oral & Maxillofacial Surgery-   
Dept. of Conservative Dentistry & Endodontics-   
Dept. of Periodontics-   
Dept. of Oral Pathology- 

Dept. of Community Dentistry-   
Dept. of Prosthodontics-   
Dept. of Orthodontics-   
Dept. of Pedodontics- 



CHAIRPERSON SIGNATURE,

(PARENT TEACHER COMMITEE)

**Chairperson**

**Internal Assessment, Slow & Advance Learners, Mentor-  
Mentee & Parent Teacher Meeting Committee**

  
DEAN & DIRECTOR SIGNATURE

**Dean and Director**  
The Oxford Dental College, Bommalahalli  
Hosur Road Bengaluru - 560 068

## MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 02/03/2021

### MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 22/02/2021 to 25/02/2021, for I-IV BDS ODD Batch.

DATE: 02/03/2021

Location: Boardroom

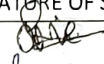






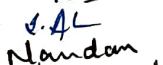

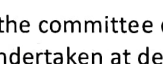
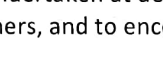


Time: 10:30 AM

Attendees:

Dean & Director- Dr. Pradeep AR

Chairperson of PTA committee- Dr.Shendreshrikanth

Staff In-charge from medical and dental departments

BATCH ( ODD)	STAFF INCHARGE	SIGNATURE OF STAFF
1 <sup>st</sup> BDS	Dr.Seena Dr. Seema	
2 <sup>nd</sup> BDS	Dr. Reema Dr. Savitha PN	 
3 <sup>rd</sup> BDS	Dr. Vishnu Dr. Shruthi S	 
4 <sup>th</sup> BDS	Dr.Sowbhagya Lakshmi Dr. Shilpa I.G. Dr.Ashita Talwar Dr.Koel Debnath Dr. Ravi Ranjan Sinha Dr. Archana Dr. Nandan Rudra Paul Dr. Manjunath C.	       

Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

Actions taken:

- Text Book reading,
- Quiz
- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.



CHAIRPERSON SIGNATURE,  
(PARENT TEACHER COMMITEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-  
Mentee & Parent Teacher Meeting Committee



DEAN & DIRECTOR SIGNATURE

Dean and Director  
The Oxford Dental College, Bommalahalli  
Hosur Road Bengaluru - 560 068



# THE OXFORD DENTAL COLLEGE

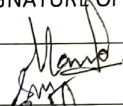


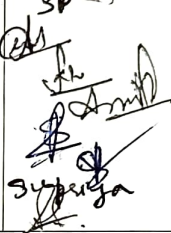
## ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 30/08/2021

### CIRCULAR


The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on 31/08/2021 at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr.Shendreshrikanth

BATCH ( REGULAR)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 <sup>st</sup> BDS	Dr.Manantha Dr.Seema	Medical Staff Dental Staff	
2 <sup>nd</sup> BDS	Dr.Sukanya Dr.Archana	Medical Staff Dental Staff	
3 <sup>rd</sup> BDS	Dr.Tejas Dr.Leeky Mohanty	Medical Staff Dental Staff	
4 <sup>th</sup> BDS	Dr.Sheshaprasad Dr.Arshiya Shakir Dr.Khadeer Riyaz Dr.Amita Olivia Coutinho Dr. Padmaja S. Dr.Ashwija Shetty Dr.SupriyaBhandage Dr.ShilpaShree K.B.	Dental staff	

HOD's please acknowledge:


Dept. of Oral Medicine- 

Dept. of Oral & Maxillofacial Surgery- 

Dept. of Conservative Dentistry & Endodontics- 

Dept. of Periodontics- 

Dept. of Oral Pathology- 

Dept. of Community Dentistry- 

Dept. of Prosthodontics- 

Dept. of Orthodontics- 

Dept. of Pedodontics- 



CHAIRPERSON SIGNATURE,

(PARENT TEACHER COMMITTEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-  
Mentee & Parent Teacher Meeting Committee



DEAN & DIRECTOR SIGNATURE

Dean and Director  
The Oxford Dental College, Bommalahalli  
Hosur Road Bengaluru - 560 066

## MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 31/08/2021

### MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 17/02/2020 to 20/02/2020, for I-IV BDS Regular Batch.

DATE: 31/08/2021

Location: Boardroom

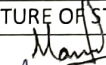

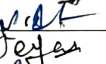





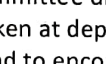
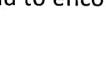

Time: 10:30 AM

Attendees:

Dean & Director- Dr. Pradeep AR

Chairperson of PTA committee- Dr.ShendreShrikanth

Staff In-charge from medical and dental departments

BATCH ( REGULAR)	STAFF INCHARGE	SIGNATURE OF STAFF
1st BDS	Dr.Manantha Dr. Seema	
2nd BDS	Dr. Sukanya Dr. Archana	
3 <sup>rd</sup> BDS	Dr.Tejas Dr.Leeky Mohanty	
4 <sup>th</sup> BDS	Dr.Sheshaprasad Dr.Arshiya Shakir Dr.Khadeer Riyaz Dr.Amita Olivia Coutinho Dr. Padmaja S. Dr.Ashwija Shetty Dr.SupriyaBhandage Dr.ShilpaShree K.B.	       

### Discussion:

As per the parents' feedback given to us through the feedback forms, the committee discussed on academic progress of individual students. Necessary steps would be undertaken at department level. The staff were counselled to give individual attention to the slow learners, and to encourage the advance learners to further excel in their performance.

### Actions taken:

- Text Book reading,
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- Remedial Classes
- Open Book Tests
- Table top calenders
- Posters
- Individual attention for practicals
- Discussion
- Home assignments
- Question papers
- MCQs for viva voce, etc.



CHAIRPERSON SIGNATURE,  
(PARENT TEACHER COMMITEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-  
Mentee & Parent Teacher Meeting Committee



DEAN & DIRECTOR SIGNATURE

Dean and Director

The Oxford Dental College, Bommalahalli  
Hosur Road Bengaluru - 560 068



# THE OXFORD DENTAL COLLEGE
















## ACTION TAKEN ON FEEDBACK ANALYSIS REPORT AND MEETING MINUTES PTA

Date: 26/02/2021

### CIRCULAR

The following staff in the parents teachers committee are requested to attend a meeting in the board room scheduled on at 10:30 AM, to address the feedback forms received from the parents and decide the action plan to be taken.

Chairperson Of Parents Teachers Committee- Dr.ShendreShrikanth

BATCH ( ODD)	STAFF INCHARGE	MEDICAL/ DENTAL STAFF	SIGNATURE OF STAFF
1 <sup>st</sup> BDS	Dr.Manantha Dr. Seema	Medical Staff Dental Staff	 
2 <sup>nd</sup> BDS	Dr. Sukanya Dr. Archana	Medical Staff Dental Staff	 
3 <sup>rd</sup> BDS	Dr.Tejas Dr.Leeky Mohanty	Medical Staff Dental Staff	 
4 <sup>th</sup> BDS	Dr. Bharathi S. Balikai Dr. Simran Kaur Dr.Ashwija Shetty Dr. Praveen J. Dr.Divya B.M. Dr. Padmaja S. Dr.Saleha Masood J. Dr.Afshan Saman W. Dr.Manjaree Talukdar	Dental staff	        

HOD's please acknowledge:

Dept. of Oral Medicine-

Dept. of Oral & Maxillofacial Surgery-

Dept. of Conservative Dentistry & Endodontics-

Dept. of Periodontics-

Dept. of Oral Pathology-

Dept. of Community Dentistry-

Dept. of Prosthodontics-

Dept. of Orthodontics-

Dept. of Pedodontics-

CHAIRPERSON SIGNATURE,

(PARENT TEACHER COMMITEE)

**Chairperson**

Internal Assessment, Slow & Advance Learners, Mentor-  
Mentee & Parent Teacher Meeting Committee

DEAN & DIRECTOR SIGNATURE

Dean and Director

The Oxford Dental College, Bommanahalli  
Hosur Road Bengaluru - 560 068

## MEETING MINUTES PTA – ACTIONS TAKEN ON FEEDBACK ANALYSIS REPORT

DATE: 02/03/2021

### MEETING INFORMATION

Objective: Actions to be taken based on the feedback given by the parents during the parents teacher meeting conducted from 22/02/2021 to 25/02/2021, for I-IV BDS ODD Batch.

DATE: 02/03/2021

Location: Boardroom



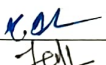

Time: 10:30 AM

Attendees:

Dean & Director- Dr. Pradeep AR

Chairperson of PTA committee- Dr.ShendreShrikanth

Staff In-charge from medical and dental departments

BATCH ( ODD)	STAFF INCHARGE	SIGNATURE OF STAFF
1 <sup>st</sup> BDS	Dr.Manantha Dr. Seema	
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CHAIRPERSON SIGNATURE,  
(PARENT TEACHER COMMITTEE)

Chairperson

Internal Assessment, Slow & Advance Learners, Mentor-  
Mentee & Parent Teacher Meeting Committee

  
DEAN & DIRECTOR SIGNATURE

Dean and Director  
The Oxford Dental College, Bommalahalli  
Hosur Road Bengaluru - 560 066